

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34224F

JAN 26 1934
93

PLACE OF DEATH

County St. Clair
Township Jackson
City Coconino (No. _____)

Registration District No. 1037
Primary Registration District No. 6012

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mary Elizabeth McClain

(a) Residence, No. St. Clair St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Samuel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 - 1858
7. AGE YEARS 74 MONTHS 11 DAYS 5 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Alvin Cobb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Mary E. Muns
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Wm. McClain (ADDRESS) Platastow

18. BURIAL, CREMATION, OR REMOVAL PLACE Coconino DATE Oct. 14, 1933

19. UNDERTAKER J. R. McKee (ADDRESS) Platastow

20. FILED Oct. 15, 1933 L. Garrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 5th 1933, to Oct 13 1933

I last saw her alive on Oct 7th 1933. Death is said to have occurred on the date stated above, at 6 pm.

The principal cause of death and related causes of importance were as follows:

Infectious diarrhea
Chronic nephritis
131
Other contributory causes of importance 12.00

Date of onset Oct 5 - 1933

Name of operation none Date of _____
What test confirmed diagnosis no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. H. Murray M. D.
(Address) Quincy Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

